

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

2021 Massachusetts Avenue, NW

☐Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00411553

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2011

through

05

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Randell K. Wexler, MD

Signature of Treasurer

Electronically Filed by Randell K. Wexler, MD

Date

07

14

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3XA**
Transaction ID :

Amended to reflect refund of personal contribution to PAC not reported on 2010 Year End report.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2011		253762.79
(b) Cash on Hand at Beginning of Reporting Period	240192.98	
(c) Total Receipts (from Line 19)	65434.66	192712.06
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	305627.64	446474.85
7. Total Disbursements (from Line 31)	35555.37	176402.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	270072.27	270072.27
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	5	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	51269.17	143409.60
(ii) Unitemized	14091.97	46944.39
(iii) TOTAL (add Lines 11(a)(i) and (ii)	65361.14	190353.99
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	65361.14	190353.99
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	73.52	2358.07
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	65434.66	192712.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	65434.66	192712.06

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1055.37	2902.58	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1055.37	2902.58	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34500.00	173500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35555.37	176402.58	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35555.37	176402.58	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	65361.14	190353.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	65361.14	190353.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1055.37	2902.58
37. Offsets to Operating Expenditures (from Line 15, page 3)	73.52	2358.07
38. Net Operating Expenditures (subtract Line 37 from Line 36)	981.85	544.51

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Christine S Albrecht, MD

Mailing Address 1513 4th St NE

City

Staples

State

MN

Zip Code

56479-3218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakewood Health System

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Transaction ID: C1281996

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Kurt Bradley Angstman, MD

Mailing Address 1697 Century Valley Rd NE

City

Rochester

State

MN

Zip Code

55906-7708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: C1287425

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Brian L Bachelder, MD

Mailing Address 570 Rotunda Ave

City

Akron

State

OH

Zip Code

44333-2648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron General Medical Cen-
ter

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: C1291392

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sally Noreen Bachofer, MD

Mailing Address 3323 Santa Clara Ave SE

City

Albuquerque

State

NM

Zip Code

87106-1530

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of New Mexico

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 1

Transaction ID: C1285343

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Norma E Bachoura, MD

Mailing Address 150 W Foothill Blvd

City

San Dimas

State

CA

Zip Code

91773-1102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Transaction ID: C1288678

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dustin Riley Baker, MD

Mailing Address 3529 NW 174th St

City

Edmond

State

OK

Zip Code

73012-6732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: C1287374

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Frederic Baker, MD

Mailing Address 32 Mark Cir

City

Holden

State

MA

Zip Code

01520-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer
UMMHC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 1

Transaction ID: C1291732

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

D Michael Baxter, MD

Mailing Address 301 S 7th Ave
Ste 200

City

West Reading

State

PA

Zip Code

19611-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reading Hospital & Medical
Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 1

Transaction ID: C1289479

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Mary Laura Bean, MD

Mailing Address 706 Kentucky Ave

City

Signal Mountain

State

TN

Zip Code

37377-2226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erlanger Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 1 1

Transaction ID: C1291374

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kevin M Bernstein

Mailing Address 121 Stonegate Vlg

City

Quakertown

State

PA

Zip Code

18951-2342

FEC ID number of contributing
federal political committee.

C

Name of Employer
I WISH

Occupation

Medical Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: C1288164

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Janalynn Fish Beste, MD

Mailing Address 2523 Delaney Rd

City

Wilmington

State

NC

Zip Code

28403-6003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of NC - Chapel Hill
Dept of Famil

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	1	1

Transaction ID: C1289137

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Wendy S Biggs, MD

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2680

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAFP

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	1	1

Transaction ID: C1286855

Amount of Each Receipt this Period

165.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Reid B Blackwelder, MD

Mailing Address 4407 Leedy Rd

City

Kingsport

State

TN

Zip Code

37664-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Tennessee State Univ-
ersity

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 1

Transaction ID: C1299505

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ellen Sandra Brull, MD

Mailing Address 830 Arbor Ln

City

Glenview

State

IL

Zip Code

60025-3234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medicine Associates
of Lutheran

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 1 1

Transaction ID: C1289122

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David Adam Carlyle, MD

Mailing Address PO BOX 3014
2309 Buchanan Dr

City

Ames

State

IA

Zip Code

50010-3014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medicine East

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 1 1

Transaction ID: C1288202

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Cory D Carroll, MD

Mailing Address 1040 E Elizabeth St Ste 2

City

Fort Collins

State

CO

Zip Code

80524-3952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 1

Transaction ID: C1289120

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

John R Carroll, MD

Mailing Address 2226 Ashwood Dr

City

Carroll

State

IA

Zip Code

51401-3413

FEC ID number of contributing
federal political committee.

C

Name of Employer
McFarland Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288168

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Lee Marvin Carter, MD

Mailing Address PO BOX 506

City

Huntingdon

State

TN

Zip Code

38344-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: C1293049

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lee Marvin Carter, MD

Mailing Address PO BOX 506

City

Huntingdon

State

TN

Zip Code

38344-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	1

Transaction ID: C1293055

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Yushu Jack Chou, MD

Mailing Address 2691 E California Blvd

City

San Marino

State

CA

Zip Code

91108-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern California Perma-
nente MedicalOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: C1287476

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Eric D Clark, MD

Mailing Address 4185 Seton Cir

City

Palm Harbor

State

FL

Zip Code

34683-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: C1288510

Amount of Each Receipt this Period

182.50

SUBTOTAL of Receipts This Page (optional)

647.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Deborah S Clements, MD

Mailing Address 10529 Walmer St

City

Overland Park

State

KS

Zip Code

66212-1886

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kansas Medi-
cal Center

Occupation

Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: C1287428

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Patrick J Connolly, MD

Mailing Address PO BOX 9746

City

Portland

State

ME

Zip Code

04104-5040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Martin's Point Health Care

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288203

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Lisa Leigh Corum, MD

Mailing Address 11501 Redwood Way

City

Louisville

State

KY

Zip Code

40223-2362

FEC ID number of contributing
federal political committee.

C

Name of Employer
BaptistHealthcare

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288156

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven A Crawford, MD

Mailing Address 900 Ne 10Th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.65

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Transaction ID: C1299503

Amount of Each Receipt this Period

333.33

B.

Full Name (Last, First, Middle Initial)

Douglas W Curran, MD

Mailing Address 117 Medical Cir

City

Athens

State

TX

Zip Code

75751-9003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakeland Medical Associat-
es

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: C1287396

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jose M David, MD

Mailing Address 804 Huntington Ct

City

Albany

State

NY

Zip Code

12203-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prime Care Physicians PL-
LC

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 1

Transaction ID: C1285850

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)

1458.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dennon W Davis, MD

Mailing Address 502 W Saint Louis St

City

West Frankfort

State

IL

Zip Code

62896-1968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Logan Primary Care LLC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: C1279120

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Joe D Davison, MD

Mailing Address 8200 W Central Ave

City

Wichita

State

KS

Zip Code

67212-9503

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Wichita Family Physi-
cians, PA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: C1286861

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

R Wesley Dean, MD

Mailing Address 201 E Emory Rd

City

Powell

State

TN

Zip Code

37849-4016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summit Medical Group, PLLC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: C1292905

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

George P Dempsey, MD

Mailing Address 7 Church St

City

East Hampton

State

NY

Zip Code

11937-2413

FEC ID number of contributing
federal political committee.

C

Name of Employer
George Dempsey MD, PCOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: C1288215

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Daniel J Derksen, MD

Mailing Address 306 Big Horn Ridge Pl NE

City

Albuquerque

State

NM

Zip Code

87122-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of New MexicoOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	1	1

Transaction ID: C1287358

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Heidi Miller Duncan, MD

Mailing Address 2675 Central Ave

City

Billings

State

MT

Zip Code

59102-6686

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess Billings ClinicOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	1	1

Transaction ID: C1287411

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Rachel A English, MD

Mailing Address 1825 N 74th St

City

Milwaukee

State

WI

Zip Code

53213-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Transaction ID: C1281821

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Rachel A English, MD

Mailing Address 1825 N 74th St

City

Milwaukee

State

WI

Zip Code

53213-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288222

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Thomas Allen Felger, MD

Mailing Address 51181 Kings Xing

City

Granger

State

IN

Zip Code

46530-8812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 1 1

Transaction ID: C1288232

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael L Fessenden, Fessenden

Mailing Address 2003 W Fulton St Ste 3
Chicago

City	State	Zip Code
Chicago	IL	60612-2365

FEC ID number of contributing
federal political committee.

C

Name of Employer
Home PhysiciansOccupation
CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	1	1

Transaction ID: C1287394

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

James G Fieseher, MD

Mailing Address 330 Borthwick Ave Ste 210

City	State	Zip Code
Portsmouth	NH	03801-7111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	1	1

Transaction ID: C1287397

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Wanda D Filer, MD

Mailing Address 510 Aqua Ct

City	State	Zip Code
York	PA	17403-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strategic Health InstituteOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	1	1

Transaction ID: C1288663

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael O Fleming, MD

Mailing Address 556 Dunmoreland Dr

City

Shreveport

State

LA

Zip Code

71106-6125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amedisys, Inc

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	2	/	2	0	1	1

Transaction ID: C1279124

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Conrad L. Lloyd Flick, MD

Mailing Address 103 Greenway Overlook

City

Cary

State

NC

Zip Code

27518-9053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medical Associates
of Raleigh

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	1	1

Transaction ID: C1286839

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

John W Fowler, MD

Mailing Address PO Box 308
203 Watson Suite 200

City

Pratt

State

KS

Zip Code

67124-0308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: C1288181

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jennifer Emma Frank, MD

Mailing Address 1380 Lusitana St Ste 904

City

Honolulu

State

HI

Zip Code

96813-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Hawaii

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288219

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Joshua Freeman, MD

Mailing Address 604 Shawnee Rd

City

Kansas City

State

KS

Zip Code

66103-1236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of KS School of Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288184

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Linda Marie French, MD

Mailing Address 25196 Rocky Harbour Dr

City

Perrysburg

State

OH

Zip Code

43551-7619

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Toledo

Occupation
Chair, Dept of FM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: C1287388

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Edward M Friedler, MD

Mailing Address 4905 Tarheel Way

City

Annandale

State

VA

Zip Code

22003-4460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Annandale Family Medicine,
PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Transaction ID: C1283504

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Carolyn N Gaughan, CAE

Mailing Address E Dir KS AFP Bldg 1046 - C
7570 W 21st St N 1046C

City

Wichita

State

KS

Zip Code

67205-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Academy of Family
Physicians

Occupation
Chapter Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: C1287429

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Daron W Gersch, MD

Mailing Address 310 Golfview Dr

City

Albany

State

MN

Zip Code

56307-9315

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Area Hospital & Me-
d. Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1287483

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Roland Adolph Goertz, MD

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Practice Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.35

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 1 1

Transaction ID: C1299506

Amount of Each Receipt this Period

416.67

B.

Full Name (Last, First, Middle Initial)

Robert Graham, MD

Mailing Address 3255 Eden Ave Ste 141

City

Cincinnati

State

OH

Zip Code

45267-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Cincinnati

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 1

Transaction ID: C1288240

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John Allan Gross, MD

Mailing Address 591 41st Ave NE

City

Saint Petersburg

State

FL

Zip Code

33703-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Anthony's Primary Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288188

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1031.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lesca C Hadley, MD

Mailing Address 11016 County Road 1236

City

Cleburne

State

TX

Zip Code

76033-8318

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Peter Smith Hospital
Physicians G

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288192

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

David J Hagan, MD

Mailing Address 222 N Sangamon Ave

City

Gibson City

State

IL

Zip Code

60936-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gibson City Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288194

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Mary Nolan Hall, MD

Mailing Address PO BOX 32861

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Healthcare System

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288204

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

R Scott Hammond, MD

Mailing Address 8601 Turnpike Dr Unit 200

City

Westminster

State

CO

Zip Code

80031-7044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westmed Primary Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Transaction ID: C1281783

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Allen Harwood, MD

Mailing Address PO BOX 125
187 West Main Street

City

New London

State

OH

Zip Code

44851-0125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: C1287390

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Harvey Jay Hashimoto, Hashimoto

Mailing Address 2715 W Kettleman Ln
Ste 203-331

City

Lodi

State

CA

Zip Code

95242-9289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Transaction ID: C1283216

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

1105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lori J Heim, MD

Mailing Address 250 Hollybrook Farm Ln

City

Vass

State

NC

Zip Code

28394-8952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scotland Memorial HospitalOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.35

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 1 1

Transaction ID: C1293053

Amount of Each Receipt this Period

416.67

B.

Full Name (Last, First, Middle Initial)

Daniel J Heinemann, MD

Mailing Address PO BOX 5039

City

Sioux Falls

State

SD

Zip Code

57117-5039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sioux Valley Health Sys-
msOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1287470

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Thomas C Hines, MD

Mailing Address 10 Whittemore St

City

Arlington

State

MA

Zip Code

02474-6602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boston Medical CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288185

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1006.67

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Beulette Y Hooks, MD

Mailing Address 7286 E Wynfield Loop

City

Midland

State

GA

Zip Code

31820-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer
DODOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	1	1

Transaction ID: C1286843

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Elvin C Irvin, MD

Mailing Address 555 E Cheves St

City

Florence

State

SC

Zip Code

29506-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health CareOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	6	/	2	0	1	1

Transaction ID: C1288689

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Samuel M Jones, MD

Mailing Address 10145 Community Ln

City

Fairfax Station

State

VA

Zip Code

22039-2530

FEC ID number of contributing
federal political committee.

C

Name of Employer
VCU-Fairfax Family Practi-
ce CenterOccupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	1	1

Transaction ID: C1286858

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

915.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Carla Lee Kakutani, MD

Mailing Address 438 Abbey St

City

Winters

State

CA

Zip Code

95694-1837

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sutter Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: C1287412

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Vincent D Keenan, CAE

Mailing Address Exec Vice President - IL AFP
4756 Main St

City

Lisle

State

IL

Zip Code

60532-1724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Academy of Family
Physicians

Occupation
Association Exec.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: C1286840

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Rick Kellerman, MD

Mailing Address 1010 N Kansas St

City

Wichita

State

KS

Zip Code

67214-3124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas University School
of Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Transaction ID: C1281807

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Christina Marie Kelly, MD

Mailing Address 6502 62Nd Street Ct W

City

University Place

State

WA

Zip Code

98467-4954

FEC ID number of contributing
federal political committee.

C

Name of Employer
Multicare Health System

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 1 1

Transaction ID: C1293050

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

James Darrel King, MD

Mailing Address 1 Prime Care Dr

City

Selmer

State

TN

Zip Code

38375-1864

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primecare Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 1 1

Transaction ID: C1293066

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Anne L Kittendorf, MD

Mailing Address 999 Marshall Lakes Dr

City

Dexter

State

MI

Zip Code

48130-8410

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Michigan

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288161

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1415.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Laura C Knobel, MD

Mailing Address 3 Freedom Way

City

Walpole

State

MA

Zip Code

02081-2290

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 1 1

Transaction ID: C1289121

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Russell Wade Kohl, MD

Mailing Address 113 Park Terrace

City

Vinita

State

OK

Zip Code

74301-2717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 1 1

Transaction ID: C1285037

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Stanley M Kozakowski, MD

Mailing Address 2100 Wescott Dr

City

Flemington

State

NJ

Zip Code

08822-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hunterdon Medical Center

Occupation
Residency Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: C1286859

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1015.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jerry E Kruse, MD

Mailing Address 612 N 11Th St Ste B

City

Quincy

State

IL

Zip Code

62301-2662

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Illinois Univers-
ity

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: C1287399

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Anton J Kuzel, MD

Mailing Address PO BOX 980251

City

Richmond

State

VA

Zip Code

23298-0251

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Commonwealth Uni-
versity

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288195

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Carol A LaCroix, MD

Mailing Address 6623 Glenwood Rd

City

Omaha

State

NE

Zip Code

68132-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNMC Physicians

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288162

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bruce M LeClair, MD

Mailing Address 5088 Windmill Lake Dr

City

Evans

State

GA

Zip Code

30809-6612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicl College of GeorgiaOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	1	1

Transaction ID: C1286842

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Jay Won Lee, MD

Mailing Address 4211 Calhoun Dr

City

Huntington Beach

State

CA

Zip Code

92649-3037

FEC ID number of contributing
federal political committee.

C

Name of Employer
UC Irvine School of Medic-
ineOccupation
Associate Clinical Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: C1287475

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Daniel Scott Lewis, MD

Mailing Address 438 E Vann Rd Ste 100

City

Greeneville

State

TN

Zip Code

37743-7202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Takoma Medical AssociatesOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	0	/	2	0	1	1

Transaction ID: C1293064

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1465.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Timothy F Linder, MD

Mailing Address 1 Prime Care Dr

City

Selmer

State

TN

Zip Code

38375-1864

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primecare Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 1 1

Transaction ID: C1293065

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Patricia Jean Lindholm, MD

Mailing Address 615 S Mill St

City

Fergus Falls

State

MN

Zip Code

56537-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Region Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Transaction ID: C1299502

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jesus L Lizarzaburu, MD

Mailing Address 101A York Crossing Rd

City

Yorktown

State

VA

Zip Code

23692-2737

FEC ID number of contributing
federal political committee.

C

Name of Employer
TPMG Grafton Family Pract-
ice

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: C1287381

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1465.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Geoffrey L Loman, MD

Mailing Address 168 N Brent St Ste 502

City

Ventura

State

CA

Zip Code

93003-2840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brent Street Family Pract-
ice

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288224

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Leah Raye R Mabry, MD

Mailing Address 339 S Presa St

City

San Antonio

State

TX

Zip Code

78205-3425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christus Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 1 1

Transaction ID: C1291360

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Kevin B Martin, MD

Mailing Address 2903 219th Ave E

City

Lake Tapps

State

WA

Zip Code

98391-5634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sound Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 1 1

Transaction ID: C1293054

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Landrum I McCarrell, MD

Mailing Address PO BOX 489

9 McElhane Rd

City

Travelers Rest

State

SC

Zip Code

29690-0489

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Health Corp.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 1

Transaction ID: C1288227

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Timothy R McCurry, MD

Mailing Address 1420 Garden St

City

Park Ridge

State

IL

Zip Code

60068-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Resurrection Medical Cent-
er

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288186

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Howard C McMahan, MD

Mailing Address PO Box 779

City

Ocilla

State

GA

Zip Code

31774-0779

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: C1287372

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John S Meigs, MD

Mailing Address PO BOX 289

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Transaction ID: C1294908

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

John S Meigs, MD

Mailing Address PO BOX 289

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 1

Transaction ID: C1288226

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

John S Meigs, MD

Mailing Address PO BOX 289

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 1

Transaction ID: C1289735

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John S Meigs, MD

Mailing Address PO BOX 289

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: C1291396

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Heidi M Meyer, MD

Mailing Address 7401 E Speedway Blvd
Apt 13205

City

Tucson

State

AZ

Zip Code

85710-1572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Arizona

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: C1287424

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Gary D Miller, MD

Mailing Address 920 Ridgcrest Rd

City

Orlando

State

FL

Zip Code

32806-6341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vitos

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Transaction ID: C1281991

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

890.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Walter W Mills, MD

Mailing Address 3820 Sedgemoore Dr

City

Santa Rosa

State

CA

Zip Code

95404-7619

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Permanente Medical Gr-
oupOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	6	/	2	0	1	1

Transaction ID: C1288716

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Anne M Montgomery, MD

Mailing Address 104 W 5Th Ave Ste 200W

City

Spokane

State

WA

Zip Code

99204-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Empire Hospital Se-
rvices AssociOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	8	/	2	0	1	1

Transaction ID: C1293052

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dale C Moquist, MD

Mailing Address 14023 Southwest Fwy

City

Sugar Land

State

TX

Zip Code

77478-3550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physicians at Sugar CreekOccupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	7	/	2	0	1	1

Transaction ID: C1289123

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mary S Nguyen Poole, MD

Mailing Address 5727 Welsch Vw

City

San Antonio

State

TX

Zip Code

78249-3149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1287472

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Carl Raymond Olden, MD

Mailing Address 311 S 72Nd Ave

City

Yakima

State

WA

Zip Code

98908-1661

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Crest Family Medi-
cine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1287482

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Javette C Orgain, MD

Mailing Address PO BOX 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF ILLINOIS CO-
LLEGE OF MEDI

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 1 1

Transaction ID: C1299507

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Daniel J Ostergaard, MD

Mailing Address 14547 S Hagan St

City

Olathe

State

KS

Zip Code

66062-9001

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Academy of Family
Physicians

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 1

Transaction ID: C1279118

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Tomas P Owens, MD

Mailing Address 3500 Nw 56Th St Ste 100

City

Oklahoma City

State

OK

Zip Code

73112-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrus Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288160

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Steven Keith Perkins, MD

Mailing Address 20 4th Ave Ne

City

Waukon

State

IA

Zip Code

52172-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 1

Transaction ID: C1288236

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven Keith Perkins, MD

Mailing Address 20 4th Ave Ne

City

Waukon

State

IA

Zip Code

52172-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 1

Transaction ID: C1289723

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Marguerite B Picou, MD

Mailing Address 907 Parkway Dr
A

City

Natchitoches

State

LA

Zip Code

71457-5533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: C1287383

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Donald Gabriel Polk, DO

Mailing Address 114 Sunnyside Ln
PO Box 778

City

Columbia

State

TN

Zip Code

38401-5235

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEAM HEALTH

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Transaction ID: C1288677

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Karla Graue Pratt

Mailing Address Executive Vice Pres - WA AFP
1050 140th Ave NE Ste C

City Bellevue State WA Zip Code 98005-2972

FEC ID number of contributing
federal political committee.**C**Name of Employer
Washington Academy of Fam-
ily PhysicianOccupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: C1288153

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Soujanya R Pulluru, MD

Mailing Address 3908 Littlestone Cir

City Naperville State IL Zip Code 60564-5915

FEC ID number of contributing
federal political committee.**C**Name of Employer
DuPage Medical GroupOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	1	1

Transaction ID: C1287359

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

David C Rau, MD

Mailing Address 4232 N Riverside Dr

City Columbus State IN Zip Code 47203-1121

FEC ID number of contributing
federal political committee.**C**Name of Employer
Rau Family MedicineOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	1

Transaction ID: C1281779

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Leonard Daniel Reeves, Reeves

Mailing Address 33 Reynolds Bend Dr SE

City

Rome

State

GA

Zip Code

30161-2587

FEC ID number of contributing
federal political committee.

C

Name of Employer
GHSU

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288169

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Elisabeth (Lisa) L Righter, Righter

Mailing Address UW Health Fox Valley Family Medici
229 S Morrison St

City

Appleton

State

WI

Zip Code

54911

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of WI School
of Med. & Pub.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 1

Transaction ID: C1285218

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Flora F Sadri-Azarbayejani, DO

Mailing Address 427 S Mountain Rd

City

Northfield

State

MA

Zip Code

01360-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gardner Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 1

Transaction ID: C1285219

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

515.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dennis F Salisbury, MD

Mailing Address 805 W Diamond St

City

Butte

State

MT

Zip Code

59701-1526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rocky Mountain Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1287479

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Sarah L Sams, MD

Mailing Address 2994 Frazell Rd

City

Hilliard

State

OH

Zip Code

43026-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grant Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 1 1

Transaction ID: C1293051

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Alan I Schwartzstein, MD

Mailing Address 753 N Main St
Dean Oregon Clinic

City

Oregon

State

WI

Zip Code

53575-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dean Clinic

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1287474

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

George Wm Shannon, MD

Mailing Address 2301 Slate Dr

City

Columbus

State

GA

Zip Code

31906-1443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Horizons Diagnostics

Occupation
family physicians

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 1 1

Transaction ID: C1293057

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth Steiner, MD

Mailing Address 3181 Sw Sam Jackson Park Rd

City

Portland

State

OR

Zip Code

97239-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Health & Science
University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288170

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert J Stenger, MD MPH

Mailing Address 627 S 5th St W

City

Missoula

State

MT

Zip Code

59801-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Health and Ser-
vices

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 1 1

Transaction ID: C1288664

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Albert M Sterns, MD

Mailing Address 1021 Drexel Pkwy

City

Birmingham

State

AL

Zip Code

35209-6001

FEC ID number of contributing
federal political committee.

C

Name of Employer
N.W Ala Emerg PhysOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	8	/	2	0	1	1

Transaction ID: C1289720

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Windel A Stracener, MD

Mailing Address 1050 Reid Pkwy
Ste 210

City

Richmond

State

IN

Zip Code

47374-1160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inpatient Management IncOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	1	1

Transaction ID: C1287414

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City

Spokane Valley

State

WA

Zip Code

99216-2167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockwood ClinicOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	8	/	2	0	1	1

Transaction ID: C1293056

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Donna Lippert Sullivan, MD

Mailing Address 7507 Greenstone Trl

City

Fort Collins

State

CO

Zip Code

80525-8407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ft. Collins Family Medi-
cine Residency

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: C1291382

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Erica Williams Swegler, MD

Mailing Address 300 N Rufe Snow Dr

City

Keller

State

TX

Zip Code

76248-4235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: C1287395

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Todd A Thames, MD

Mailing Address 333 N Santa Rosa Ave

City

San Antonio

State

TX

Zip Code

78207-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHRISTUS Santa Rosa Health
System

Occupation
Physician, Residency Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 1 1

Transaction ID: C1293361

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gabrielle A Vencel Olson, MD

Mailing Address 101 Willmar Ave Sw

City

Willmar

State

MN

Zip Code

56201-3556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Affiliated Community Medi-
cal Centers

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 1

Transaction ID: C1289726

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Mark Alan Ward, MD

Mailing Address 355 Las Vegas St

City

Morro Bay

State

CA

Zip Code

93442-1548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Transaction ID: C1282610

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Andrew H Weary, MD

Mailing Address 4534 W Gate Blvd
Ste 108

City

Austin

State

TX

Zip Code

78745-1470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: C1287400

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert L Wergin, MD

Mailing Address 119 S C St

City

Milford

State

NE

Zip Code

68405-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health Care, Sew-
ard, NEOccupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	1	1

Transaction ID: C1285213

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Richard Andre Wherry, MD

Mailing Address 59 Tipton Dr

City

Dahlonega

State

GA

Zip Code

30533-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chestatee Regional HospitalOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	1

Transaction ID: C1293078

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Steven M Williams, MD

Mailing Address 3255 Bridgeford Rd

City

Omaha

State

NE

Zip Code

68124-2520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physicians ClinicOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	7	/	2	0	1	1

Transaction ID: C1289504

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kevin M Wong, MD

Mailing Address 196 Connor Dr

City

Jeannette

State

PA

Zip Code

15644-1162

FEC ID number of contributing
federal political committee.

C

Name of Employer
WPFMA, LtdOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: C1288197

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Lillian Wu, MD

Mailing Address 278 Lind Ave Nw

City

Renton

State

WA

Zip Code

98057-5136

FEC ID number of contributing
federal political committee.

C

Name of Employer
HealthpointOccupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: C1287478

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

C Yurkewycz-Taras, MD

Mailing Address 4123 Copley Rd

City

Copley

State

OH

Zip Code

44321-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premier Medical PartnersOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	1

Transaction ID: C1288724

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

51269.17

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 63

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2358.07

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: C1291391

Amount of Each Receipt this Period

73.52

SUBTOTAL of Receipts This Page (optional)

73.52

TOTAL This Period (last page this line number only)

73.52

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 52 / 63

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D117044

Date of Disbursement

05 / 02 / 2011

Amount of Each Disbursement this Period

26.54

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D117045

Date of Disbursement

05 / 03 / 2011

Amount of Each Disbursement this Period

8.45

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D117046

Date of Disbursement

05 / 04 / 2011

Amount of Each Disbursement this Period

65.00

SUBTOTAL of Disbursements This Page (optional)

99.99

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 53 / 63

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D117047 Date of Disbursement																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	6		2	0	1	1												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank card processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">8.13</td> </tr> </table>	8.13																			
8.13																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D117048 Date of Disbursement																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	9		2	0	1	1												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank card processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">51.19</td> </tr> </table>	51.19																			
51.19																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D117049 Date of Disbursement																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	0		2	0	1	1												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank card processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">20.31</td> </tr> </table>	20.31																			
20.31																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

79.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D117145

Date of Disbursement

05 / 16 / 2011

Amount of Each Disbursement this Period

150.19

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D117146

Date of Disbursement

05 / 16 / 2011

Amount of Each Disbursement this Period

123.38

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D117147

Date of Disbursement

05 / 17 / 2011

Amount of Each Disbursement this Period

0.98

SUBTOTAL of Disbursements This Page (optional)

274.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: D117148 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 8 / 2 0 1 1</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>11.38</div>
B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D117149 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 9 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>1.01</div>
C. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D117150 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 0 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>30.33</div>

SUBTOTAL of Disbursements This Page (optional) ►

42.72

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: D117151 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 3 / 2 0 1 1</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>9.75</div>
B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D117152 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 4 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>3.25</div>
C. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D117153 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 6 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>4.06</div>

SUBTOTAL of Disbursements This Page (optional)

17.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D117154

Date of Disbursement

05 / 27 / 2011

Amount of Each Disbursement this Period

13.00

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card collection fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D117155

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

4.95

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D117156

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

0.65

SUBTOTAL of Disbursements This Page (optional)

18.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank Of America Merchant Services

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D117043

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2011

Amount of Each Disbursement this Period

522.82

SUBTOTAL of Disbursements This Page (optional)

522.82

TOTAL This Period (last page this line number only)

1055.37

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
DIANE BLACK FOR CONGRESS

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Diane Black

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Transaction ID: D116339

Date of Disbursement

05 / 03 / 2011

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
JOHN D. DINGELL FOR CONGRESS

Mailing Address 607 14th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. John D. Dingell

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: D116347

Date of Disbursement

05 / 03 / 2011

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
FLEMING FOR CONGRESS

Mailing Address PO Box 1236

City Minden State LA Zip Code 71058-1236

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. John Fleming

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 04

Transaction ID: D116348

Date of Disbursement

05 / 03 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Kevin McCarthy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: D116343

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
KURT SCHRADER FOR CONGRESS

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Kurt Schrader

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: D116983

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road
Ste 2000

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Pat Tiberi

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: D116985

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. Box 8331

City State Zip Code
 Fremont CA 94537

Purpose of Disbursement
 Campaign contribution

Candidate Name
 Rep. Pete Stark

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: D116980

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF ROSA DELAURO

Mailing Address 12 TRUMBULL STREET

City State Zip Code
 NEW HAVEN CT 06511

Purpose of Disbursement
 Campaign contribution

Candidate Name
 Rep. Rosa DeLauro

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 03

Transaction ID: D116984

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
BECERRA FOR CONGRESS

Mailing Address P.O. Box 261060

City State Zip Code
 Los Angeles CA 90026

Purpose of Disbursement
 Campaign contribution

Candidate Name
 Rep. Xavier Becerra

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: D116982

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE	Transaction ID: D116981 Date of Disbursement
Mailing Address 236 MASSACHUSETTS AVE SUITE 110	<div> <div>05</div> <div>25</div> <div>2011</div> </div>
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution	<div>2500.00</div>
Candidate Name Sen. Kirsten Gillibrand	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS	Transaction ID: D116979 Date of Disbursement
Mailing Address PO BOX 586	<div> <div>05</div> <div>25</div> <div>2011</div> </div>
City HELENA State MT Zip Code 59624	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution	<div>2500.00</div>
Candidate Name Sen. Max Baucus	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SNOWE FOR SENATE	Transaction ID: D116346 Date of Disbursement
Mailing Address PO BOX 2012	<div> <div>05</div> <div>03</div> <div>2011</div> </div>
City PORTLAND State ME Zip Code 04104	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution	<div>5000.00</div>
Candidate Name Sen. Olympia J. Snowe	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address 236 Massachusetts Ave NE
Ste 508

City Washington State DC Zip Code 20002-4980

Purpose of Disbursement
Campaign contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D116341

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2011

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

34500.00